

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Spykerman et al.
Title: VEHICLE CONSOLE
Appl. No.: 10/582,065
International 12/10/2004
Filing Date:
371(c) Date: 06/08/2006
Examiner: Verley, Nicole T.
Art Unit: 3616
Confirmation No.: 1553

AMENDMENT TRANSMITTAL

Mail Stop **AMENDMENT**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Amendment and Reply Under 37 C.F.R. § 1.111 (11 pages).

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	16	-	21	= 0	x \$52.00 = \$0.00
Independent Claims:	2	-	3	= 0	x \$220.00 = \$0.00
First presentation of any Multiple Dependent Claims:				+ \$390.00	= \$0.00
				CLAIMS FEE TOTAL	= \$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> [] Extension for response filed within the first month:	\$130.00	\$0.00
<input type="checkbox"/> [] Extension for response filed within the second month:	\$490.00	\$0.00
<input checked="" type="checkbox"/> [X] Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/> [] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/> [] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:	\$0.00
<input type="checkbox"/> [] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$0.00
<input type="checkbox"/> [] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$0.00

The above-identified fees of \$0.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8/5/2009

By /Adam M. Gustafson/

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (414) 297-5652
Facsimile: (414) 297-4900

Adam M. Gustafson
Attorney for Applicant
Registration No. 54,601